RI SOS Filing Number: 202569257590 Date: 4/4/2025 4:00:00 PM

State of Rhode Islan Department o	nd f State - Busine	ess Services I	Division	, V 0,	FILED	and the second	
Annual Report for the year: 2025 Corporation			_	A	PR 0 4	2025	
 → Filing period: Februar → Filing Fee: \$50.00 → Penalty: Additional \$25 	•	t filed by May 31.		BY_	<u> </u>		
1. Entity ID Number 80113	I I	2. Exact name of the Corporation PIATEK MACHINE COMPANY, INC.					
3. Principal Office Address 25 Monticello Road			City Pawtucket	t	State RI	Z _{IP} 02861	
4. NAICS Code 332710 5. State of Incorporation RI		6. Brief description of the character of business conducted in Rhode Island Machine Shop					
7. List ALL officers (names a President Name			Vice-President	Name		ndicate an attachment 🗆	
racy Greenlaw			racy Greenlaw				
Street Address 25 Monticello Road			Street Address 25 Monticello Road				
^{City} Pawtucket	State RI	^{Zip} 02861	^{City} Pawtucket		State RI	^{Zip} 02861	
Secretary Name Tracy Greenlaw			Treasurer Name Tracy Greenlaw				
Street Address 25 Monticello Road			Street Address 25 Monticello Road				
^{City} Pawtucket	State RI	^{Zip} 02861	City Pawtucket		State RI	^{Zip} 02861	
8. List ALL directors (names Director Name	and addresses)		16:	Check t	he box to i	ndicate an attachment [
Tracy Greenlaw			Director Name None				
Street Address 25 Montice		·	Street Address	· · · · · ·			
City Pawtucket	State RI	^{Zip} 02861	City		State	Zip	
Director Name None			Director Name None				
Street Address		<u></u>	Street Address	<u> </u>			
City	State	Zip	City		State	Zip	
9. Shares Authorized		10. Shares Iss			he box to i	ndicate an attachment	
his information is currently of record in the Department of State.		NUMBER OF SHARES		Common		No Par Value	
Changes require an additiona	i filing.						
11. This report must be executrustee, this report must be a	executed on behalf of	the corporation by	the receiver or tru	ustee.			
Under penalty of perjury, I statements, and that all sta	atements contained	nat I have examin herein are true an	ed this report, in ad correct.	cluding any accom	panying s	chedules and	
Name of Authorized Represe Tracy Greenlaw			Date 3	-28-20			
Signature of Authorized Rep	resentative	0, /			1	90-20	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov